

Kentucky Boxing and Wrestling Authority

MMA SHOW NOTICE FORM

NOTICE: MMA events shall be reported to the Authority in writing at least thirty (30) days prior to the show.

Please complete and return this form to the Authority

EVENT TYPE (Circle One): **Amateur** **Pro/Am** **Professional**

Promoter Name _____

Promotion Name _____

Telephone Numbers: Home: _____ Cell: _____

Event Venue _____

Rental Agent _____ Phone: _____

Address _____

Date of Event _____ Time _____
(month, day & year)

MAIL TO: **Kentucky Boxing and Wrestling Authority**
 500 Mero Street
 Capital Plaza Tower, 5th Floor
 Frankfort, KY 40601

FAX TO: **502-564-3969**

EMAIL TO: **angela.robertson@ky.gov**

Incomplete show notice forms shall NOT be accepted. The Authority shall consider the show as an "ILLEGAL" event and the Promoter's license shall be subject to disciplinary action, including potential suspension or revocation.

Promoter's Signature _____